



STATE OF SOUTH DAKOTA
FORENSIC LABORATORY
3500 E HWY 34
PIERRE, SOUTH DAKOTA 57501-5070
PHONE (605) 773-3673 FAX (605) 773-5658

FORM 001-EVI
LABORATORY CASE NO.

Priority: 1 2 3 4

REQUEST FOR LABORATORY EXAMINATION

(TYPE OR PRINT LEGIBLY – INSTRUCTIONS ON BACK – PHONE LABORATORY STAFF PRIOR TO SUBMITTAL)

Page _____ of _____

If the evidence listed below is associated with a lab case, please provide the assigned Laboratory Number: _____

A G E N C Y	(1) Agency Name		(2) County Offense Occurred		(3) Phone Number _	(4) FAX _	(5) Agency Case No.	
	(6) Report To: Title		Street Address		Box #	City		Zip Code + 4
	(7) Send Additional Report To: Title		Street Address		Box #	City		Zip Code + 4
	(7a) Upon Completion of Examination(s) Return Evidence To: Title		Street Address		Box #	City		Zip Code + 4
	(8) Offense(s):							(9) Date Occurred
	(10) Victim(s): (additional victims in field #25)			Sex	DOB	SSN	SID	Alias
	(11) Suspect(s): (additional suspects in field #25)			Sex	DOB	SSN	SID	Alias
(12) Signature of Submitting Officer			Date of Signature		(13) Printed Name of Submitting Officer			

ALERT LABORATORY STAFF TO THE PRESENCE OF POTENTIALLY INFECTIOUS HUMAN BIOLOGICAL MATERIAL

Biohazard warning labels shall be affixed to any container which may contain human blood or any other human biological material. Additionally, please notify the laboratory staff immediately should any information be developed which indicates that the suspect(s) or victim(s) are known to be infected with a communicable disease such as Human Immunodeficiency Virus (HIV), the Hepatitis B Virus, TB, Herpes, etc., and/or the presence of parasites, such as head lice, crab lice, body lice, mites, etc. PLEASE SPECIFY IN SECTION (25) CASE SUMMARY.

E V I D E N C E I N V E N T O R Y	(14) Agency Item Number	(15) Exam Code	(16) Item Number	(17) Evid. Loc	(18) Description Of Evidence (See Instructions on Backside For Assistance – If Submitting Evidence for Digital Analysis Also Complete and Attach Form 006-EVI)	Evidence Sealed	
						Yes	No

E V I D E N C E	R E C E I V E D	(19) Signature of Laboratory Employee		(20) Date/Time	(21) How Received
		(22) Notes			
		(23) Signature of delivery person		(24) Printed Name of delivery person	

S U M M A R Y R E Q U E S T	(25) Case Summary. (Attach Offense Report)
	(26) Specific Questions to be resolved. Attach Form 006-EVI Computer Request for Service and Search Warrant if Appropriate

INSTRUCTIONS

SHADED AREAS TO BE COMPLETED BY LABORATORY PERSONNEL ONLY

The evidence being submitted is for a forensic examination as per SDCL 23-3-19.1. The evidence is being submitted in connection with an official investigation of a criminal matter.

PLEASE NOTE THAT ALL EVIDENCE MUST BE SUBMITTED IN SEALED CONTAINERS WHENEVER POSSIBLE.

NOTE: If more than one page is necessary for the list of evidence, complete the extended inventory page(s) supplied to your agency or on the web with this request. Upon completion of the request indicate total number of pages of request in the spaces provided in the upper right hand corner(s) and number the pages.

Provide the previously assigned lab case number IF this is additional evidence. Attach Form 006-EVI for Digital Evidence Analysis.

1. Name of agency submitting evidence.
2. County in which offense occurred in.
3. Phone number of agency.
4. Fax number of agency.
5. Submitting agency's case number.
6. Name, title and complete address of officer who is to receive laboratory report.
7. Name, title and address of additional person who is to receive laboratory report (states attorney, etc.)
- 7a. Upon completion of all exams, the evidence will be returned to the person and agency listed. If left blank, the evidence will be returned to the person listed in #6.
8. Offenses committed.
9. Date offense occurred.
10. Victim: Name, DOB, SSN, SID, Alias.
If additional victim(s), please list in the #25 field.
11. Suspect: Name, DOB, SSN, SID, Alias.
If additional suspect(s), please list in the #25 field, attach separate sheet if necessary.
12. Signature of officer submitting evidence and date signed.
13. Printed name of officer submitting evidence.
14. Agency item inventory number.
15. EXAMINATION REQUEST CODES
(If multiple examinations requested on same item, use next line.
If choosing "Z – Other" list specific examination requested in the #25 field.)

A – Serology	G2 – Latent Fingerprint Processing	M – Bullet Trajectory	T – Glass
B – DNA	H – Shoeprint	N – Muzzle to Target	U – Digital Analysis*
C – Bloodstain Pattern Interpretation	I – Tireprint	O – Gun Shot Residue Kit Analysis	V – Soil
D – Hair	J – Speedometer	P – Serial Number Restoration	W – Photography
E – Fiber	K – Lamp	Q – Accelerant Detection	X – Trace
F – Protective Coating	L – Firearms	R – Physical Match	Y – Toolmark
G1 – Latent AFIS/Comparison	L1 – NIBIN	S – Chemical	Z – Other (specify)

***If Digital Analysis is requested, also complete and attach the SD State Forensic Lab Computer Request for Service (Form 006-EVI).**

18. Description of evidence. For example:
One (1) .38 caliber S&W revolver, SER/7645357, rendered safe.
One (1) shoe print and photographs from scene
One (1) headlamp from 1968 Chevrolet Caprice
One (1) shirt from victim.
25. Give summary of case. (Attach Offense Report) See Biohazard Alert.
26. Indicate specific questions that are to be resolved by the Laboratory Examiners if you feel the Examination Request Codes are not adequate. If Digital Analysis is requested, also complete and attach the SD State Forensic Lab Computer Request for Service (Form 006-EVI).

Submit **WHITE & YELLOW** copies to the laboratory accompanying the evidence. Retain the **PINK** copy for your records. The yellow copy will be returned to you indicating the assigned case number and a completed chain of evidence upon log-in.

Please advise this laboratory should anything occur which would eliminate the necessity for performing the requested examinations such as entering a guilty plea or dismissal of charges.